PATENT

Total Pages

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Roger Dahl et al.

TITLE: IMPROVED SYSTEM FOR PROVIDING ELECTRICAL STIMULATION TO A LEFT CHAMBER OF A HEART



10/034905 10/034905 12/28/01

	/ <del>-</del> -	Molly Chlebeck					
		Printed Name Molly Chlibech Signature					
BOX P	issioner for PATENT AP ngton, D.C.	PLICATION					
	Sir:						
X	Patent	We are transmitting herewith the attached:  Application Transmittal					
		ication:					
	Specifi	Total pages: <u>22</u> (including claims and abstract: Spec. <u>15</u> sheets; Claims <u>6</u> sheets; Abstract <u>1</u>					
<b>_x</b>	Drawir						
		Total sheets: 8 Informal					
$\square$		ned Declaration and Power of Attorney:					
	$\bowtie$	unexecuted copy from prior application					
	H	Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37					
3 1_1	П	CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or					
H T D X H		declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
	Accon	Accompanying application parts:					
		Notification of filing a					
a - published	H	Assignment of the Invention to Medtronic, Inc. Assignment cover sheet					
	ä	Information Disclosure Statement					
		PTO Form 1449 Conico of IDS citations					
		Copies of IDS citations Preliminary Amendment					
		A copy of the Petition or Conditional Petition for Extension of Time in the prior application.					
	X	Return Postcard					
IF A (	CONTINUI	ING APPLICATION:					
		Continuation Divisional Continuation-in-part (CIP) of prior application No.					
		Amend the specification by inserting before the first line the sentence: This application is a continuation division continuation in part filed					
		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)					
		The prior application is assigned of record to Medtronic, Inc.					
		The Power of Attorney in the prior application is to:					

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Address all future correspondence to:

Beth L. McMahon, Reg. No. 41,987

Medtronic, Inc., MS 301 710 Medtronic Parkway Mailstop LC340

Minneapolis, Minnesota 55432 Telephone: (763) 514-3066 Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	44	20	=	24	x 18	\$432.00
Independent Claims	3	3	=	0	x 84	
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$740.00
		<u> </u>			TOTAL	\$1,172.00

Charge Deposit Account No. 13-2546 the amount of \$1,172.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Multiple Depend Claims

Basic Filing Fee

X Charge Deposit Account

X The Commissioner is her overpayment to Deposit Account

Dec. 28, 200

Beth L. McMahon, Reg. No. 41,987

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